Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher L Gilbert	10 18 2014
Mailing Address 55 Lovell Johnson Rd	Amount
City.	F0.00
City State Zip Code Picavune MS 39466	50.00 Transaction ID : 0969dcb2-3aa3-4c36-a
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher L Gilbert	10 18 2014
Mailing Address 55 Lovell Johnson Rd	Amount
	Alloun
City State Zip Code	28.80
Picayune MS 39466	Transaction ID : 4b59ecaf-e967-49da-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 195563.12	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	78.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
24.0	0 19 2014
Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 2 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeremy Hollar			10 18 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	30.00
Boone	NC	28607	Transaction ID : a4623c20-58cf-4a9f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	017895.80	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Jeremy Hollar			10 18 2014
Mailing Address 121 Meadowview Drive			Amount
City	State	Zip Code	11.40
Boone	NC	28607	Transaction ID : 50b7a6bb-766f-4f19-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		41.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		- b
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 2014
-			

Schedule E)	IN EXIEND	TTOTILO	PAGE 3 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination
Mailing Address 301 N Clinic Apt 3			10 18 2014 Amount
City	State	Zin Codo	60.00
Searcy	AR	Zip Code 72143	Transaction ID : 7a964f2f-98c7-4923-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	179159.55	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination
Mailing Address 301 N Clinic Apt 3			10 18 2014 Amount
City	State	Zip Code	43.80
Searcy	AR	72143	Transaction ID : 1c575fcd-c2a4-45cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		103.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			<b>•</b>
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 2014
Signaturo			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayaya
Full Name of Payee  Judith A Murphy	Date of Public Distribution/Dissemination
· ·	10 18 2014
Mailing Address PO Box 37	Amount
City State Zip Code	10.00
East Bend NC 27018	Transaction ID: d92e0017-db0c-43be-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 18 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Leslie D Moore	10 18 2014
Mailing Address 1903 Swan Dr	Amount
City State Zip Code	60.00
Lenoir NC 28645	Transaction ID: e23b6710-f897-4948-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 18 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	0 19 2014
Signature	

Schedule E)	NI EXI END	ITOTILO	PAGE 5 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	MBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	YYY
Full Name of Payee Leslie D Moore				/
Mailing Address 1903 Swan Dr			10 18 2 Amount	014
City	State	Zip Code		2.10
Lenoir	NC	28645	Transaction ID : 6579c8b9-2fc5- Date of Disbursement or Obligati	4fc8-8
Purpose of Expenditure Mileage		Category/ Type 002	M = M / D = D / Y = 7	2014
Name of Federal Candidate		Support	Office Sought: House District	: 00
Ms. Kay Hagan		X Oppose	President Senate State	NC.
Calendar Year-To-Date Per Election for Office Sought	, 10	017895.80	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee Kacie Gleb				YYY
Mailing Address 3815 Robin Road			10 18 2 Amount	2014
City	State	Zip Code		18.00
Ayden	NC	28513	Transaction ID : 9adabcb9-3aaf-4 Date of Disbursement or Obligati	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House District	t: <u>00</u>
Ms. Kay Hagan		X Oppose	President X Senate State	_
Calendar Year-To-Date Per Election for Office Sought	7	1017895.80	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	ires		<b>&gt;</b> 2	0.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	-
				4
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
olynature				

Schedule E)	LIVI LXI LIV	TIONES	PAGE 6 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	18.00
Ayden	NC	28513	Transaction ID: d20b6231-5e4a-4c9d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	1	017895.80	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			10 18 2014
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	9.00
Ayden	NC	28513	Transaction ID : cbd3b54f-ed12-4861-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		27.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / 2014

Schedule E)	JENT EXTEND	ITORES		PAGE 7 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
John K Necaise III			10	18 2014
Mailing Address 1905 Franklin Ave			Amount	
City	State	Zip Code		40.00
New Orleans	LA	70117		ID: d61313e3-9908-48f3-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
John K Necaise III			10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1905 Franklin Ave			Amount	
City	State	Zip Code		9.99
New Orleans	LA	70117		ID: 6179316c-6f34-469f-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 M	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures			49.99
				75
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		· •	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 19	2014
=				

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Quentin C Pool	10 18 2014
Mailing Address 4091 E Horne Ave	Amount
City State Zip Code	25.00
Farmville NC 27828	Transaction ID : 391b741f-eccd-42d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Pause	
Full Name of Payee Quentin C Pool	Date of Public Distribution/Dissemination  10 18 2014
Mailing Address 4091 E Horne Ave	Amount
City State Zip Code	9.00
Farmville NC 27828	Transaction ID : be9a7357-da4e-40f8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 1	0 19 2014
Signature	

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Sche	dule E)	. EXI END	TOTILO		PAGE 9 OF 113 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	I = M / D = D / Y = Y = Y
	II Name of Payee			Date	of Public Distribution/Dissemination
	Rachel L Anzalone				10 18 7 2014
Ma	ailing Address 2319 West Oak			Amou	ınt
Cit	у	State	Zip Code		50.00
	Dorado	AR	71730		saction ID: d51453b3-81be-48b2-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		10 18 2014
Na	me of Federal Candidate		Support	Office Sough	nt: House District: 00
M	r. Mark L Pryor		X Oppose	Presid	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 1	79159.55	Disbursemer 2014	nt For:
	II Name of Payee			Date	of Public Distribution/Dissemination
┨┖	auren E Heffington			Г	10 18 2014
Ma	ailing Address 488 Broadwell Dr				10 10 2014
				Amou	unt
Cit	ty	State	Zip Code		50.00
	ashville	TN	37220	Transa Date	action ID: 5816684f-fd0e-47b1-b of Disbursement or Obligation
	rrpose of Expenditure alary		Category/ Type 001		10 18 2014
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	r. Mark L Pryor		X Oppose	Presid	lent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	179159.55	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditure	es		. •	100.00
(b)	SUBTOTAL of Unitemized Independent Expendit	tures		·· •	7 1 7 1 7
(c)	TOTAL Independent Expenditures			· •	7 7
with	er penalty of perjury I certify that the independence, or at the request or suggestion of, any candidary committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	Signature				

Per Election for Office Sought  Full Name of Payee EVa M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Miwaukee WI 53210  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Category/ Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify)   Amount  Category/ Tansaction ID: 5581367a-1932-4845-9  Tansaction ID: 581367a-1932-4845-9  Tansaction ID: 5581367a-1932-4845-9  Tansaction ID: 5581367a-1932-484		neddic Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Lauren E Heffington  Mailing Address 488 Broadwell Dr  City State Zip Code Tanasaction ID: 5745f6e 66f4 466c-a Date of Diabursement or Obligation  Mileage Category/ Uppe 002  Mir. Mark L Piyor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee EVA M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Tanasaction ID: 5745f6e 66f4 466c-a Date of Diabursement or Obligation  To 18 2014  Amount  Transaction ID: 5745f6e 66f4 466c-a Date of Diabursement or Obligation  To 18 2014  Transaction ID: 5745f6e 66f4 466c-a Date of Diabursement or Obligation  To 18 2014  Transaction ID: 5745f6e 66f4 466c-a Date of Diabursement or Obligation  To 18 2014  Transaction ID: 5745f6e 66f4 466c-a Date of Diabursement or Obligation  To 18 2014  Mir. Mark L Piyor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee EVA M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Mir. Washes 2517 N 47th St  Category 001  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Sought  Category 001  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 5681367a-4932-4861  Amount  Amount  City State Zip Code Mr. Greg Orman  Category 001  Name of Federal Candidate Mr. Greg Orman  Category 001  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 5681367a-4932-4861  Transaction ID: 5681367a-4932-4861  Date of Diabursement or Obligation  Transaction ID: 5681367a-4932-4861  Amount  City State Support Office Sought  Transaction ID: 5681367a-4932-4861  Date of Diabursement or Obligation  Transaction ID: 5681367a-4932-4861  Date of Diabursement or Obligation  Transaction ID: 5681367a-4932-4861  Date of Diabursement or Obligation  Transac	VV	romen Speak Out PAC	C C00530766
Mailing Address 488 Broadwell Dr	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 488 Broadwell Dr    City	Т		Date of Public Distribution/Dissemination
City State Zip Code Nashville TN 37220  Purpose of Expenditure Mileage			
Nashville  Times and the purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Name of Payee  Eva M Johnston  Full Name of Payee  Eva M Johnston  Name of Federal Candidate  Wil 53210  Name of Federal Candidate  Milwaukee  Wil 53210  Transaction ID: c742/660-6/614-160c-a Date of Disbursement or Obligation  Transaction ID: c742/660-6/614-160c-a Date of Disbursement or Obligation  Disbursement For: □ Primary ☑ General 2014 □ Other (specify) ►  Full Name of Payee  Eva M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Milwaukee  Wil 53210  Transaction ID: 5581367a-f932-48d5-9 Date of Disbursement or Obligation  Transaction ID: 60 of Friends ID:		Mailing Address 488 Broadwell Dr	Amount
Nashville  Times and the purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Mark L Pyor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Name of Payee  Eva M Johnston  Full Name of Payee  Eva M Johnston  Name of Federal Candidate  Wil 53210  Name of Federal Candidate  Milwaukee  Wil 53210  Transaction ID: c742/660-6/614-160c-a Date of Disbursement or Obligation  Transaction ID: c742/660-6/614-160c-a Date of Disbursement or Obligation  Disbursement For: □ Primary ☑ General 2014 □ Other (specify) ►  Full Name of Payee  Eva M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Milwaukee  Wil 53210  Transaction ID: 5581367a-f932-48d5-9 Date of Disbursement or Obligation  Transaction ID: 60 of Friends ID:	ŀ	City State Zin Code	18 60
Purpose of Expenditure Mileage  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Eva M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Milwaukee  Wil 53210  Purpose of Expenditure Salary  Name of Federal Candidate  Milwaukee  Wil 53210  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 5581367a-1932-48d5-9 Date of Disbursement or Obligation  Transaction ID : 558136			Transaction ID : c742f6e0-6f41-460c-a
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Eva M Johnston  Amount  City State Salary  Category/ Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Category/ Name of Federal Candidate Mr. Greg Orman  Coppose  Category/ Name of Federal Candidate Mr. Greg Orman  Coppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date	Ì	Mileage Category/ 002	M = M / D = D / Y = Y = Y
Mr. Mark L Pryor    Calendar Year-To-Date   President   Senate   State: AR	ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee EVa M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Miwaukee WI 53210  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Category/ Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify)   Amount  Category/ Tansaction ID: 5581367a-1932-4845-9  Tansaction ID: 581367a-1932-4845-9  Tansaction ID: 5581367a-1932-4845-9  Tansaction ID: 5581367a-1932-484		Ma Mad I Davis	· -
Full Name of Payee EVA M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Milwaukee WI 53210  Purpose of Expenditure Salary  Category/ John Ston  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Date   To   Primary   Concert		470450 55	rsement For: Primary X General
Eva M Johnston  Mailing Address 2517 N 47th St  City State Zip Code Milwaukee WI 53210  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  Calegory/ Oppose  Calegory/ Oppose  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Calendar Year-To-Date Per Election for Office Sought  Mr. Greg Orman	ı	Per Election for Office Sought	Other (specify) >
Mailing Address 2517 N 47th St  City State Zip Code Milwaukee WI 53210  Purpose of Expenditure Salary  Category/ Dot 10 18 2014  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  Transaction ID: 5581367a-1932-48d5-9  Date of Disbursement or Obligation  Transaction ID: 558136-18-18-18-18  To Date of Dis			
Milwaukee    Milwaukee   Wi   53210   Transaction ID: 5581367a-f932-48d5-9   Date of Disbursement or Obligation		Mailing Address 2517 N 47th St	
Milwaukee    Milwaukee   Wi   53210   Transaction ID: 5581367a-f932-48d5-9   Date of Disbursement or Obligation		City.	20.00
Purpose of Expenditure Salary    Category/ Type		,	Transaction ID : 5581367a-f932-48d5-9
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State:   KS	ŀ	Salany Odiegory/ 001	M M / D D / Y Y Y Y
Mr. Greg Orman    Calendar Year-To-Date   Per Election for Office Sought   15017.60   Disbursement For:   Primary   General 2014   Other (specify) ▶    (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date	(	(a) SUBTOTAL of Itemized Independent Expenditures	48.60
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date  Date  Date	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 19 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either,	
		[E1 - 4 11 - E1 - 11	
		Signature	

PAGE 10

OF

Schedule E)	PAGE 11 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Julia Perry	10 18 2014
Mailing Address 2046 Perrin St Apt C	Amount
City State	Zip Code 50.00
Shreveport LA	71101 Transaction ID : 30cc75ec-424d-4567-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Corey S McKnight	10 18 2014
Mailing Address 1510 Bailey St	Amount
City State	Zip Code 35.00
West Monroe LA	71292 Transaction ID : c4ad37fe-7d3a-4069-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 / Y Y Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(,,	7 7
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electrical Signature]	ctronically Filed] Date 10 19 2014
-	

Schedule E)	JENT EXTEND	ITORES	PAGE FOR	E 12 OF 113 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on M / D	D / Y = Y = Y
Full Name of Payee James R Hooper				bution/Dissemination
Mailing Address 502 N Oak St			10 / 1	
5 302 IV Oak Ot			Amount	
City	State	Zip Code		42.50
Little Rock	AR	72205	Transaction ID : b0 Date of Disburseme	
Purpose of Expenditure Salary		Category/ Type 001	10 / 1	8 2014
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Mr. Mark L Pryor		X Oppose	President X Ser	nate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	179159.55	Disbursement For: For: Other (specify)	Primary X General
Full Name of Payee			Date of Public Distr	ibution/Dissemination
James R Hooper				8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 N Oak St			Amount	
City	State	Zip Code		11.10
Little Rock	AR	72205	Transaction ID: 1b7 Date of Disburseme	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 1	8 / 2014
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Mr. Mark L Pryor		Oppose	President X Ser	
Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement For: F 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		<b>•</b>	53.60
(b) CURTOTAL of Unitamized Independent Fundamental				7 1 7 1
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>)</b>	49- 1 - 49- 1
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19	2014
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	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Zachary R McCleese	10 18 2014
	Mailing Address 323 Rolling Pines Dr	Amount
	City State Zip Code	80.00
	Spring Lake NC 28390	Transaction ID: e613046c-16bb-4317-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	470450 55	ırsement For: Primary X General
	Per Election for Office Sought 179159.55 2014	Other (specify) ▶
	Full Name of Payee  Zachary R McCleese	Date of Public Distribution/Dissemination
	Mailing Address 323 Rolling Pines Dr	10 18 2014
	oze roming r mod z.	Amount
	City State Zip Code	52.20
	Spring Lake NC 28390	Transaction ID: 551ea2c1-69ca-45f2-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 18 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	132.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) ( 1) 7) 11	0 19 2014
	Signature	2017

PAGE 13

OF

Schedule	E)	EXI EILD			PAGE 14 OF 113 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Nam	e of Payee			Date	of Public Distribution/Dissemination
Micha	ael D English				10 18 2014
Mailing A	address F4 Benton Ave Apt 4			Amou	nt
City		State	Zip Code		80.00
Searcy		AR	72149		action ID : b973ef32-d7e5-4dc7-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		10 18 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought		179159.55	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ne of Payee			Date	of Public Distribution/Dissemination
Heath	er A Smith			IV	10 18 2014
Mailing A	Address 995 Clairborne Rd				10 10 2017
	333 SIMILE			Amou	nt
City		State	Zip Code		37.00
Calhour		LA	71225	Transa Date	oction ID: b7a2ecad-4e52-4410-8 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	N	10 / 18 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mar	y L Landrieu		Oppose	Preside	
	endar Year-To-Date Election for Office Sought	7	195563.12	Disbursemen 2014 O	t For:  Primary
(a) SUBT	OTAL of Itemized Independent Expendit	iures		•	117.00
(b) SUBT	OTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7
(c) TOTAI	L Independent Expenditures			•	7
with, or at	nalty of perjury I certify that the indeper the request or suggestion of, any cano mittee) any political party committee or	lidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m m /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	ure				

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	M M / D D / Y Y Y Y Y
Full Name of Payee	[	Date of Public Distribution/Dissemination
Heather A Smith		10 18 2014
Mailing Address 995 Clairborne Rd	A	Amount
City	state Zip Code	21.30
Calhoun	LA 71225 <b>T</b>	Transaction ID: ddb70c2b-44f8-43dc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	Oppose P	resident State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disburse 2014	ement For: Primary
Full Name of Payee Michael A Stieben  Mailing Address 16864 Stillwell		Date of Public Distribution/Dissemination  10 18 2014  Amount
City	State Zip Code	24.00
Bonner Springs		ransaction ID : fd305973-ff09-448f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	Oppose P	resident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	15017.60 Disburs 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· [	45.30
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

PAGE

15

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael A Stieben	10 18 2014
	Mailing Address 16864 Stillwell	Amount
	City State Zip Code	16.50
	Bonner Springs KS 66012	Transaction ID: 049864fc-34ec-47c2-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calcificat To Bato	ursement For: Primary X General
	Per Election for Office Sought 15017.60 2014	Other (specify) ▶
	Full Name of Payee Irene R Hoyer	Date of Public Distribution/Dissemination
	Mailing Address 4310 N Mission Rd	10 18 2014 Amount
	City State Zip Code	10.00
	Bel Aire KS 67226	Transaction ID: 0d932798-db4b-4ab4-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	26.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	0 19 2014
	Signature	

PAGE 16

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	ew report Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Irene R Hoyer	10 18 2014
Mailing Address 4310 N Mission Rd	Amount
City State	Zip Code 1.50
Bel Aire KS	67226 Transaction ID : 2137da9b-6c78-42ff-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 18 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Laura U Logie  Mailing Address 2565 Shire Circle	Date of Public Distribution/Dissemination  M 10
City State	Zip Code 50.00
Harrisonburg VA	22801 Transaction ID : fcfc22b6-0068-4c5d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [1] Signature	Electronically Filed] Date 10 19 2014
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PAGE

17

OF

Schedule E)	LIVI EXI END	ITORES	PAGE 18 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Janet Morris			10 18 2014
Mailing Address 620 Old Barbome Rd Lot 2			Amount
City	State	Zip Code	80.00
West Monroe	LA	71291	Transaction ID: 9446fa92-6175-4b68-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ronald W Ryckman			10 18 2014
Mailing Address 503 N Cedar St			Amount
City	State	Zip Code	60.00
Meade	KS	67864	Transaction ID : 29be5fb6-c970-45de-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	15017.60	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		140.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>J</b>			

Schedule E)	VI EXI END	TIONES	PAGE 19 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination
Mailing Address 503 N Cedar St			10 18 2014  Amount
			, undurk
City	State	Zip Code	30.00
Meade	KS	67864	Transaction ID: a4099c26-e8b9-4477-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	15017.60	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			10 18 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	40.00
Raleigh	NC	27610	Transaction ID : cd092466-314b-499d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1017895.80	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		70.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Jigilataio			

Schedule E)	II EXI END	ITOTILO		PAGE 20 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Diane Smith			M M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		1.80
Raleigh	NC	27610		D: bc5051e5-e421-448e-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	017895.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Sheri J Peace			10	18 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		25.00
Keithville	LA	71047		D: f410a966-7ebe-43e8-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	195563.12	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			26.80
			7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 19	2014
-				

Schedu	ule E)	TI EXI END			PAGE 21 OF 113 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee eri J Peace				of Public Distribution/Dissemination
Mailir	ng Address 9685 Paula St			Amou	10 18 2014 nt
City		State	Zip Code		12.00
	nville	LA	71047		action ID : cde27bc3-fb18-46ef-8 of Disbursement or Obligation
Purpo Mile	ose of Expenditure age		Category/ Type 002		10 18 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	195563.12	Disbursement 2014 Or	t For: Primary X General
Lin	Name of Payee da J Fueling  ng Address 6424 Purple Martin Ct				of Public Distribution/Dissemination
City		State	Zip Code		60.00
Wiln	nington	NC	28411	Transa Date	ction ID : 9adb1846-b418-4190-9 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001		10 18 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	1017895.80	Disbursemen 2014 O	t For:
(a) Sl	JBTOTAL of Itemized Independent Expenditu	ıres		<b>.</b>	72.00
(b) SI	JBTOTAL of Unitemized Independent Expendent	ditures			
(c) T(	OTAL Independent Expenditures			· •	7
with, c	penalty of perjury I certify that the independent at the request or suggestion of, any candic committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	19 2014
Sig	nature				

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Linda J Fueling	10 18 2014
	Mailing Address 6424 Purple Martin Ct	Amount
	City State Zip Code	19.29
	Wilmington NC 28411	Transaction ID : 84a0d051-3d13-4159-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General
		Other (specify) ▶
	Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St	10 18 2014 Amount
	City State Zip Code	60.00
	New Orleans LA 70188	Transaction ID : 8b4e1763-9288-48c1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
	Name of Federal Candidate Support Office	ee Sought: House District:00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	79.29
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) ( * 11 77) 11	10 19 2014
	Signature	للثنيا ليا ل

PAGE 22

OF

Schedule E)	PAGE 23 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St	10 18 2014 Amount
City State Zip Code	15.00
New Orleans  LA 70188	Transaction ID : 0e73d288-d258-4af7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 195563.12	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	10 18 2014 Amount
City State Zip Code	60.00
New Orleans LA 70116	Transaction ID : 486d4ce3-39a0-4f33-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 195563.12	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 24 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	10 18 2014
Mailing Address 924 N. Prieur St	Amount
City State Zip Code	15.00
New Orleans LA 70116 T	ransaction ID: d75994ec-eca2-4a7f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Office S	ought: House District: 00
Ms Mary Llandrieu	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary ⊠ General  Other (specify) ▶
	Date of Public Distribution/Dissemination
Bailey R Blair	10 18 2014
Mailing Address 402A N 10th St	لسندا لنا لنا
	Amount
City State Zip Code	20.00
	ransaction ID: d324664f-a3a9-403f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Greg Orman Oppose Pr	resident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	35.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
Signature	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Bailey R Blair	10 18 2014
Mailing Address 402A N 10th St	Amount
City State Zip Co	20de 39.00
Manhattan KS 66502	
	egory/ Type 002 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7.60 Disbursement For: Primary ☐ General Other (specify) ►
Full Name of Payee Caelan J Blair	Date of Public Distribution/Dissemination
Mailing Address 510 Haymaker Hall	10 18 2014 Amount
City State Zip C	Code 20.00
Manhattan KS 6650	
	egory/ Type 001 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 10 19 2014
Signature	

PAGE

25

OF

Schedule E)	// III/DE!	L/(1 L.(12.	101120				PAGE 26 FOR SE OF	OF 11	13 8
NAME OF COMMITTEE (In Full						FEC ID	ENTIFICATION		
Women Speak Out P.	AC					С	C00530766		
Check if 24-hour report	X 48-hour report	New repo	ort Amer	nds repo	rt filed on	/ M /	D D /	Y	Y
Full Name of Payee Caelan J Blair						of Public	Distribution/	Dissemination	
Mailing Address 510 Hayma	aker Hall				Amou	10	18	2014	
Cit.		Ctoto	Zin Codo					30.0	20
City Manhattan	Š	State KS	Zip Code 66506				D: 35b26ae0		_
Purpose of Expenditure Mileage			Category/ Type	002		10	18	2014	Y
Name of Federal Candidate			Su	pport	Office Sough	nt:	House	District: 0	0
Mr. Greg Orman				pport	Presid	_	Senate	State: KS	
Calendar Year-To-Date Per Election for Office	Sought		15017.60		Disbursemer 2014	nt For: Other (sp	Primary	X Gen	əral
Full Name of Payee Paramount						M = M	c Distribution	YYY	
Mailing Address 525-K Ea	ast Market Street				Amou	10 unt	18	2014	
114									-
City Leesburg	\$	State VA	Zip Code 20176		Trans	action IE	<b>D</b> : <b>a8c2754a</b> - ursement or (	80.55 8155-49ab-9	
Purpose of Expenditure Blast Emails			Category/ Type	004		10	18	2014	Y
Name of Federal Candidate	<del>,</del>		Su	ipport	Office Sough	ht:	House	District: 0	00
Ms. Kay Hagan			X Op		Presid		Senate	State: No	
Calendar Year-To-Date Per Election for Office	Sought		1017895.80		Disbursemer 2014	nt For: Other (sp	Primary	∑ Gen	eral
(a) SUBTOTAL of Itemized I	ndependent Expenditures.					-		119.55	
(b) SUBTOTAL of Unitemize	d Independent Expenditure	es			· [				
(c) TOTAL Independent Exp	enditures				•		1 1 4		
Under penalty of perjury I ce with, or at the request or sug party committee) any political	ggestion of, any candidate	or authorized							
Ms. Emily Buchar	ıan	[Electron:	ically Filed]	Date	10	19	201	4	
Signature									

Schedule E)		PAGE 27 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report A	mends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Paramount	Date	e of Public Distribution/Dissemination
Mailing Address 525-K East Market Street	Amo	10 18 2014 ount
114		
City State Zip Code Leesburg VA 20176		80.55 saction ID: 86c58ee2-11d7-4d5e-8 of Disbursement or Obligation
Purpose of Expenditure Blast Emails  Category Typ	// 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	aht: House District: 00
Ms. Mary L Landrieu	Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought 195563.12	Disburseme 2014	ent For:  Primary
Full Name of Payee Paramount	Date	e of Public Distribution/Dissemination
Mailing Address 525-K East Market Street	Amo	
114		00.55
City State Zip Code Leesburg VA 20176	Trans	80.55 saction ID: 093991ee-94e4-4adc-9 e of Disbursement or Obligation
Purpose of Expenditure Blast Emails  Category Typ	// 004	10 / 18 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Greg Orman	Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	161.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported havith, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10	19 2014
Signature		

Schedule E)	PAGE 28 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Paramount	10 18 2014
Mailing Address 525-K East Market Street	Amount
114	
City State Zip Code	80.55
Leesburg VA 20176	Transaction ID: 016e46c2-0f1e-45fb-b Date of Disbursement or Obligation
Purpose of Expenditure Blast Emails  Category/ Type  004	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Paramount	10 18 2014
Mailing Address 525-K East Market Street	Amount
114	
City State Zip Code	80.55
Leesburg VA 20176	Transaction ID: 629ac7df-f724-46b2-8 Date of Disbursement or Obligation
Purpose of Expenditure Blast Emails  Category/ Type  004	10 / 18 / Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Mr. Mark E Udall Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(a) CURTOTAL of Heavised Independent Europelituus	10110
(a) SUBTOTAL of Itemized Independent Expenditures	161.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed]  Date   ↑  Output  Date	10 19 2014
<del></del>	

Schedule	E)				PAGE 29 OF 113 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	" M / D = D / Y = Y = Y
Full Name Paran	e of Payee Nount				of Public Distribution/Dissemination
Mailing A	ddress 525-K East Market Street			Amour	10 18 2014
	114			7411041	
City		State	Zip Code		406.86
Leesburg		VA	20176		action ID: b7174380-f64c-43b1-a of Disbursement or Obligation
Purpose Blast Em	of Expenditure ails		Category/ Type 004		10 18 2014
Name of	Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	NC NC
	ndar Year-To-Date Election for Office Sought	10	017895.80	Disbursement 2014 Ot	t For: Primary
Full Nam	e of Payee			Date of	of Public Distribution/Dissemination
Leslie	A Sowell			М	10 18 2014
Mailing A	ddress 126 Lincoln Way Lot 1				.0 10 2011
				Amou	nt
City		State	Zip Code		46.70
Longvie		TX	75603	Transa Date o	ction ID : deeab002-71e6-48cb-b of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001	М	10 18 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	L Landrieu		Oppose	Preside	ent Senate State: LA
	endar Year-To-Date Election for Office Sought		195563.12	Disbursement 2014	t For:
(a) SUBTO	OTAL of Itemized Independent Expend	litures		•	453.56
(b) SUBTO	OTAL of Unitemized Independent Expe	enditures		. •	7 7 7
(c) TOTAL	Independent Expenditures			•	7
with, or at	alty of perjury I certify that the indep the request or suggestion of, any can mittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	m m /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re				

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Leslie A Sowell	10 18 2014
Mailing Address 126 Lincoln Way Lot 1	Amount
City State Zip Code	39.00
Longview TX 75603	Transaction ID : 7eb01b18-db3e-4d86-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 10 18 2014
Name of Federal Candidate Suppo	rt Office Sought: House District:00
Ms. Mary L Landrieu Oppos	
Calendar Year-To-Date Per Election for Office Sought  195563.12	Disbursement For:  Primary  General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Andrea L Hammond	Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln	Amount
City State Zip Code	100.00
Neosho MO 64850	Transaction ID: 88afcc17-c56c-4b74-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 10 18 2014
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
Mr. Mark L Pryor Oppos	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  179159.55	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	139.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 19 2014
Signature	

PAGE

30

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Andrea L Hammond	10 18 2014
Mailing Address 12920 Kneeland Ln	Amount
City State Zip Code	34.50
Neosho MO 64850	Transaction ID : 2141f076-0b4b-4ee0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disb. 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Carol L Walters	10 18 2014
Mailing Address 1900 Glen West Way	Amount
City State Zip Code	95.00
Fort Smith AR 72916	Transaction ID : dae85ef2-c4b1-46a9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	129.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE

OF

Schedule	E)	TI EXI EITO	101120		PAGE 32 OF 113 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	" M / D = D / Y = Y = Y
Full Nan Caro	ne of Payee I L Walters				of Public Distribution/Dissemination
Mailing /	Address 1900 Glen West Way			Amour	10 18 2014 nt
City		State	Zip Code		57.60
Fort Sm	iith	AR	72916		action ID : 2c14b3bb-a9d5-44f4-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	М	10 18 / 2014
Name of	Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mar	k L Pryor		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought		79159.55	Disbursement 2014 Ot	t For:
Full Nar Eric J	ne of Payee   <b>Smith</b>				of Public Distribution/Dissemination
Mailing	Address 4967 Dysartville			L	10 18 2014
	·			Amou	nt
City		State	Zip Code		80.00
Morgan		NC	28655	Transa Date of	ction ID : df0b7252-ece6-4fa9-a of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001		10 18 / 2014
	f Federal Candidate		Support	Office Sough	t: District: 00
Ms. Kay	<sup>r</sup> Hagan		X Oppose	Preside	ent Senate State: NC
	lendar Year-To-Date  * Election for Office Sought	7 7	1017895.80	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBT	TOTAL of Itemized Independent Expenditure	res		· •	137.60
(b) SUBT	<b>FOTAL</b> of Unitemized Independent Expend	itures		•	711711
(c) TOTA	L Independent Expenditures			•	
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signat	ure				

<b>,</b>						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Am	ends repo		M = M	/ D D /	Y = Y = Y
Full Name of Payee				Date	of Publ	ic Distribution/	Dissemination
Jennifer E Smith					10	18	2014
Mailing Address 4967 Dysartsville Rd				Amo	unt		
City	State	Zip Code		$-\Gamma$			80.00
Morganton	NC	28655				ID: 587a3f9doursement or C	
Purpose of Expenditure Salary		Category/ Type	001	] [	10	18	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
Ms. Kay Hagan		X	Oppose	Presid	lent	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	17895.80		Disburseme		Primary pecify) ▶	X General
Full Name of Payee  Jennifer E Smith  Mailing Address 4967 Dysartsville Rd				Date	10 M	lic Distribution/	Dissemination Y Y Y Y Y 2014
City	State	Zip Code		$-\Gamma$			5.40
Morganton	NC	28655				ID: 7f3c07b7-9 oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002	] [	M 10	18	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Kay Hagan		X	Oppose	Presid	dent	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1017895.8	0	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures	S					1 1 7	85.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			•		7	
(c) TOTAL Independent Expenditures				• [			
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 /	19	201	
Signature							

PAGE

33

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amen	nds report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Anthony W Stevens	10 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3405 German Shepherd Trail	Amount
City State Zip Code	25.00
Wake Forest NC 27587	Transaction ID : dc3f301d-44e7-40ec-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate Su	pport Office Sought: House District: 00
Ma Kau Hana	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1017895.80	Disbursement For: Primary
Full Name of Payee	
Anthony W Stevens	Date of Public Distribution/Dissemination  10 18 2014
Mailing Address 3405 German Shepherd Trail	Amount
City State Zip Code	4.86
Wake Forest NC 27587	Transaction ID: c83889c6-4d72-450d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 10 18 7 2014
Name of Federal Candidate Su	pport Office Sought: House District: 00
Ms. Kay Hagan Op	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  1017895.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	29.86
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 19 2014
Signature	

PAGE

OF

Schedule E)	IN EXICIO	TIONES	PAGE 35 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			10
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	25.00
Lenoir	NC	28645	Transaction ID : cf89dc8f-aff1-44c9-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	. 1	017895.80	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			10 18 2014
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	6.00
Lenoir	NC	28645	Transaction ID: 88aabc9a-6396-4b4c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		31.00
(,,			7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			·
	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / 2014
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Schedule E)	DENT EXTEND	ITOTILO	PAGE 36 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 18 2014
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	70.00
West Monro	LA	71291	Transaction ID : c3c62937-d50e-415e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 18 2014
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	11.10
West Monro	LA	71291	Transaction ID: 444a87e7-669d-47a9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		81.10
			4 4
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19 7 2014
=			

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed o	n M M / D D / Y Y Y Y Y
Full Name of Payee	1	Date of Public Distribution/Dissemination
Camille N Yearry		10 18 2014
Mailing Address 2025 NE 67th St	,	Amount
City State Zi	o Code	40.00
		Transaction ID: 6b43f766-d000-4a36-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	Oppose P	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought 179	Disburs 2014	ement For:
Full Name of Payee Camille N Yearry  Mailing Address 2025 NE 67th St		Date of Public Distribution/Dissemination  10 18 2014  Amount
City State Zi	p Code	38.76
Gladstone MO 6		ransaction ID: 8d8749c7-7592-400b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	X Oppose F	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· [	78.76
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······•	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	lly Filed] Date 10	19 2014
Signature		

PAGE

37

OF

Sc	hedule E)	LIND			PAGE 38 OF 113 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	oort Amends rep	oort filed o	on Mam / Dad / Yayayay
T	Full Name of Payee Lydia H DeGisi				Date of Public Distribution/Dissemination
-	Mailing Address 9513 Beverly Dr				10 18 2014 Amount
ŀ	City State		Zip Code		37.50
	Overland Park KS		66207		Transaction ID : a7206a99-f418-4de9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	-	10 18 2014
l	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Greg Orman		X Oppose		President X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		15017.60	Disburs 2014	sement For:  Primary
	Full Name of Payee Lydia H DeGisi				Date of Public Distribution/Dissemination  10 18 2014
	Mailing Address 9513 Beverly Dr				Amount
ľ	City State	÷	Zip Code		6.00
	Overland Park KS		66207	r	Fransaction ID : 2a4372c3-cccb-4082-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 18 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Greg Orman		X Oppose		President State: KS
	Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbur 2014	sement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures			▶	43.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures			···· <b>•</b>	
(	(c) TOTAL Independent Expenditures			····· <b>•</b>	
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized			
		[Electron	nically Filed] Dat	te 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	IN EXIEND	HONES	PAGE 39 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination
Mailing Address 282 Falls Ave			10 18 2014 Amount
City	State	Zip Code	30.00
Granite Falls	NC	28630	Transaction ID : f3c26d99-2399-4b1b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	017895.80	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination
Mailing Address 282 Falls Ave			10 18 2014 Amount
City	State	Zip Code	17.40
Granite Falls	NC	28630	Transaction ID : 299fc44b-93fd-4a36-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 47.40
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			
Hadan manalin, of material and the second se		managhad bassi	
	lidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / 2014
o.g.iataro			

Schedule E)	DENT EXTEND	ITOTILO	<b>⊢</b>	PAGE 40 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gary W Fuhrmann			10	18 / 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		87.50
Shreveport	LA	71106		: 2137146e-7ac1-47e7-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gary W Fuhrmann			10	18 / 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code	<u> </u>	19.80
Shreveport	LA	71106		: 73ef3a95-593e-4d88-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement For: 2014 Other (spe	Primary ∑ General
(a) SUBTOTAL of Itemized Independent Expe	nditures			107.30
			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19	2014
-				

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Marsha P Meroney	10 18 2014
Mailing Address 513 Ray West Dr	Amount
City State Zip Code	29.20
Kernersville NC 27284	Transaction ID : 94cb040e-da62-4010-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 18 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:
Full Name of Payee Aleksandra B Padua	Date of Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr	10 18 2014 Amount
City State Zip Code	30.00
Cary NC 27519	Transaction ID: 13d280b8-003d-4aaa-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
Name of Federal Candidate Support Off	ice Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	59.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE 41

OF

Schedule E)		PAGE 42 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC	Cc	00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	D = D / Y = Y = Y
Full Name of Payee Aleksandra B Padua	M = M /	Distribution/Dissemination
Mailing Address 110 Bridge gate Dr	10 Amount	18 2014
City State Zip Code		9.39
City State Zip Code Cary NC 27519	Transaction ID	: d2dcafe6-f46b-46c2-9 sement or Obligation
Purpose of Expenditure Mileage  Catego Ty		18 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President X	
Calendar Year-To-Date Per Election for Office Sought 1017895.80	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Rebecca A Robertson	M = M /	Distribution/Dissemination
Mailing Address 403 S Prescott St	10 Amount	18 2014
City State Zip Cod	le	20.00
Wichita KS 67209	Transaction ID :	s f040dc61-a008-47c3-a sement or Obligation
Purpose of Expenditure Salary  Catego Ty	ory/ /pe 001 10 10	18 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Greg Orman		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7.60 Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		29.39
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File Signature	ed] Date 10 / 19	2014

Scl	nedule E)	.5.1.61126	PAC	GE 43 OF 113 R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			TIFICATION NUMBER ▼
W	omen Speak Out PAC		C C008	530766
Che	ck if 24-hour report X 48-hour report New r	report Amends repo	t filed on	D / Y = Y = Y
Т	Full Name of Payee		Date of Public Dis	tribution/Dissemination
	Rebecca A Robertson		10	18 2014
	Mailing Address 403 S Prescott St		Amount	
ŀ	City State	Zip Code		3.00
	Wichita KS	67209	Transaction ID: 1 Date of Disburser	3c11f65-ac12-4cf9-8 nent or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10 / D	18 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	ouse District: 00
	Mr. Greg Orman	Oppose	President S	enate State: KS
	Calendar Year-To-Date Per Election for Office Sought	15017.60	Disbursement For: 2014 Other (specify	Primary
Γ	Full Name of Payee		Date of Public Dis	stribution/Dissemination
1	John S Meroney Sr.		M = M / D	18 2014
ŀ	Mailing Address 513 Ray West Dr			10 2014
1	0.0,		Amount	
ŀ	City State	Zip Code		29.20
	Kernersville NC	27283	Transaction ID : bf Date of Disbursen	607655f-596d-47dd-a nent or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 /	18 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	louse District: 00
L	Ms. Kay Hagan	Oppose	President S	enate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1017895.80	Disbursement For: 2014 Other (specify	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	32.20
(1	b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	45
(0	C) TOTAL Independent Expenditures		<b>&gt;</b>	7
W	Inder penalty of perjury I certify that the independent expenditure in the request or suggestion of, any candidate or authorizanty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electr	tronically Filed] Date	10 19	2014
	Signature			

Schedule E)	DENT EXICID	ITOTILO	PAGE 44 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
John S Meroney Sr.			10 18 2014
Mailing Address 513 Ray West Dr			Amount
City	State	Zip Code	3.90
Kernersville	NC	27283	Transaction ID: 087585e4-8d68-4d32-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	017895.80	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cayenne C Corbin			10 18 2014
Mailing Address 1851 S Laura St			Amount
City	State	Zip Code	75.00
Wichita	KS	67211	Transaction ID : 53a0d26c-1993-4d5d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		78.90
#X			
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	LIVI LXI LIVI	DITORILO	PAGE 45 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination
Mailing Address 1851 S Laura St			10 18 2014
			Amount
City	State	Zip Code	4.20
Wichita	KS	67211	Transaction ID : 3be49fb7-0aab-4f23-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adam L Clark			10 18 2014
Mailing Address 1851 S Laura St			Amount
City	State	Zip Code	75.00
Wichita	KS	67211	Transaction ID : 7ab61d23-dead-4e40-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		79.20
# \ <b>-</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	. ENDITORIES	PAGE 46 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712		10 18 2014 Amount
Otato	75 Octo	20.00
City State Alexander AR	Zip Code 72002	90.00  Transaction ID: 88cd9ddb-8528-4387-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Dis 201	sbursement For: Primary X General  Other (specify) ▶
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712		10 18 2014 Amount
City State	zip Code	36.00
Alexander AR	72002	Transaction ID: c4d983a9-00b4-4f9f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b></b>	126.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 19 2014
Signature	_	

Sch	nedule E)	XI LIVE	101120				PAGE 47 OF 113 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M /	D = D / Y = Y = Y = Y
T	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Julie M Gentry					M 10	18 / 2014
	Mailing Address 314 S Main St				Amo	unt	
	Dity Sta	te	Zip Code		— I .		81.70
L	Roxboro	C	27573				ID: 729518eb-637a-441d-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	] [	10	18 2014
Ī	Name of Federal Candidate		Sı	ıpport	Office Soug	ht:	House District: 00
	Ms. Kay Hagan			opose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	17895.80		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
Г	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
1	Julie M Gentry					м = м	/ D D / Y Y Y Y Y Y Y 18 2014
	Mailing Address 314 S Main St						
1					Amo	unt	
	City Sta	te	Zip Code				17.88
	Roxboro	C	27573		Trans Date	action II of Disbu	D: 02da4fcf-4dd1-421f-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	] [	10 <sup>M</sup>	18 2014
	Name of Federal Candidate		Sı	upport	Office Soug	ht:	House District:00
	Ms. Kay Hagan		X o	ppose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1017895.80		Disburseme 2014		Primary
(a	SUBTOTAL of Itemized Independent Expenditures				•	-	99.58
(k	o) SUBTOTAL of Unitemized Independent Expenditures.				· [		1 1 7 1 1 2 1
(0	e) TOTAL Independent Expenditures				· [		
W	nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M /	19	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)		/// O.I.E.O	PAGE 48 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	;		C C00530766
Check if 24-hour report	48-hour report New rep	port Amends repor	t filed on
Full Name of Payee Cebrina Ford			Date of Public Distribution/Dissemination
Mailing Address 201 E Mt Vern	on		10 18 2014  Amount
City	State	Zip Code	70.00
Wichita	KS	67211	Transaction ID: a9e5b536-6346-4f96-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sou	ight	15017.60	Disbursement For:
Full Name of Payee William M Criswell  Mailing Address 115 Burns M	litchell Drive		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	45.00
Belmont	NC	28012	Transaction ID : efea6874-76dd-46d9-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ight	1017895.80	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		115.00
(b) SUBTOTAL of Unitemized In	ndependent Expenditures		<b>•</b>
(c) TOTAL Independent Expendi	itures		·
	stion of, any candidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	10 19 2014
Signature			

Schedule E)	PAGE 49 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee William M Criswell	Date of Public Distribution/Dissemination
Mailing Address 115 Burns Mitchell Drive	10 18 2014 Amount
City. Chata 7ia Cada	5.70
=	5.70  Transaction ID: c6312de3-3740-4146-a  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Me Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For: Primary
Full Name of Payee  Jodi DeFrees	Date of Public Distribution/Dissemination
Mailing Address 201 E Mt Vernon	10 18 2014 Amount
	70.00  ransaction ID : 9f2b721f-e253-4d09-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 / 18 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Greg Orman	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 / 2014

Sched	ule E)	I EXI END			PAGE 50 OF 113 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full 1	Name of Payee			Date	of Public Distribution/Dissemination
Jod	di DeFrees				10 18 2014
Mailii	ng Address 201 E Mt Vernon			Amou	unt
City		State	Zip Code		9.90
Wich		KS	67211		saction ID : 1fe93100-54c3-486b-b of Disbursement or Obligation
Purp Mile	ose of Expenditure age		Category/ Type 002		10 18 2014
Nam	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. 0	Greg Orman		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement 2014	nt For:  Primary  General  Other (specify) ▶
	Name of Payee Irilyn A Holt				of Public Distribution/Dissemination
Maili	ng Address 314 Tumbleweed Dr				10 18 2014
Iviani	ng Address 314 Tumbleweed Dr			Amo	unt
City		State	Zip Code		45.00
	ston Salem	NC	27127	<b>Trans</b> Date	action ID : f9facc4d-b4ec-44c0-8 of Disbursement or Obligation
Sala	ose of Expenditure ary		Category/ Type 001	$\Box \mid \Box$	10 / 18 / 2014
Nam	e of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms.	Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	<b>7</b>	1017895.80	Disburseme 2014	nt For: Primary X General  Other (specify) ▶
(a) SI	JBTOTAL of Itemized Independent Expenditure	es			54.90
` ,				· -	
(b) SI	JBTOTAL of Unitemized Independent Expendite	ures		▶	7 7 7
(c) T(	OTAL Independent Expenditures			··· <b>&gt;</b>	-
with, c	penalty of perjury I certify that the independe or at the request or suggestion of, any candidate committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 10	19 2014
Sig	nature				

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M	M	/ D = D /	Y = Y = Y = Y
$\sqcap$	Full Name of Payee	Date of	of Pub	lic Distribution/	'Dissemination
	Marilyn A Holt	М	10 <sup>M</sup>	/ D D /	2014
	Mailing Address 314 Tumbleweed Dr	Amour	nt		
	City State Zip Code				3.00
	Winston Salem NC 27127			ID: cbaf287a	-8e2d-443d-a
	Purpose of Expenditure Mileage  Category/ Type  002		10 M	18	2014
ŀ	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014			Primary	General
	Full Name of Payee			specify)	/Dissemination
	Jeanne Tribou		10 <sup>M</sup>	/ 18 /	2014
	Mailing Address 22369 Ponderosa Dr.	Amou	-		
	City State Zip Code				70.00
	Mandeville LA 70471			ID: 421b056e- bursement or 0	
	Purpose of Expenditure Salary  Category/ Type  001	М	10 <sup>M</sup>	18	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District: 00
		Preside		X Senate	State: LA
				Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures				73.00
•	(b) SUBTOTAL of Unitemized Independent Expenditures				1 0
(	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	19		Y Y 4
_	Signature	_			

PAGE 51

OF

Schedule E)	I EXI END			PAGE 52 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Jeanne Tribou			M = M	
Mailing Address 22369 Ponderosa Dr.			Amount	18 2014
City	State	Zip Code		13.80
Mandeville	LA	70471		on ID : ab608623-0b36-4784-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	195563.12	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Ruthie M Thompson  Mailing Address 286 Wrenn Drive			Date of P	ublic Distribution/Dissemination  / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 286 Wrenn Drive			Amount	
City	State	Zip Code		55.00
Lexington	NC	27292	Transactio Date of D	n ID: 25633519-02de-417d-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1017895.80	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	98		<b>•</b>	68.80
(b) SUBTOTAL of Unitemized Independent Expendit	tures		<b>•</b>	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M 10 / D	9 2014
Signature				

Schedule E)	DEI ENDENT EXI END			PAGE 53 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48	hour report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Ruthie M Thompson			Date of Public	Distribution/Dissemination
Mailing Address 286 Wrenn Drive			10 Amount	18 2014
0%	Chata	7. 0.4.		0.00
City Lexington	State NC	Zip Code 27292		9.90 D: 1bbd0a54-14bd-4c42-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	17895.80	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Ashley T Reed  Mailing Address 1519 F Village			Date of Public	Distribution/Dissemination
Mailing Address 1519 E Village	Estates Dr		Amount	
City Park City	State KS	Zip Code 67216		25.00 D: e9b8f9fb-75e2-40d3-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sough		15017.60	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Indepen	dent Expenditures			34.90
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		· •	
(c) TOTAL Independent Expenditure	98		•	
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / D D	2014
Signature				

outed by	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Ashley T Reed	10 18 2014
Mailing Address 1519 E Village Estates Dr Ame	ount
City State Zip Code	5.40
Park City KS 67216 Trai	nsaction ID: 4d0b4b06-8b58-4d27-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Office Sou	ght: House District:00
Mr. Grog Orman	sident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Cameryn L Rasmussen	te of Public Distribution/Dissemination
4400 IV Eddolliool Ot	ount
City State Zip Code	25.00
Dat	asaction ID: 4190ff7a-8a2b-49a0-b te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 / 18 / 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Greg Orman Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	30.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014
Signature	

PAGE 54

OF

Schedule E)		LITT EXI END			PAGE 55 OF 113 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if 24-h	our report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Natalie M				M	f Public Distribution/Dissemination
Mailing Addres	SS 1057 Waldron Road			Amoun	10 18 2014 t
City		State	Zip Code		50.00
LaVergne		TN	37086		action ID: 531740d1-a630-4819-8 f Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001	М	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fede	eral Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pr	yor		Oppose	Preside	
	Year-To-Date ion for Office Sought		179159.55	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Jake Math				M	f Public Distribution/Dissemination
Mailing Addre	6418 East 12 St			Amour	لىنىا لنا ك
City		State	Zip Code		45.00
Wichita		KS	67206	Transac Date o	ction ID: 41b53235-8734-462d-8 of Disbursement or Obligation
Purpose of Ex Salary	rpenditure		Category/ Type 001		10 18 7 2014
Name of Fede	eral Candidate		Support	Office Sought	: House District:00
Mr. Greg Orm	an		X Oppose	Preside	nt Senate State: KS
	Year-To-Date ion for Office Sought		15017.60	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL	. of Itemized Independent Expen	ditures		· [	95.00
(b) SUBTOTAL	. of Unitemized Independent Exp	enditures			7 7 7
(c) TOTAL Inde	ependent Expenditures			· .	7 7
with, or at the		ndidate or authorized			opperation, consultation, or concert he reporting entity is not a political
	s. Emily Buchanan	[Electron	nically Filed] Date	10 /	19 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature					

Schedule E)				PAGE 56 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Payee  Jake Mathews				of Public Distribution/Dissemination
Mailing Address 6418 East 12 St			Amour	10 18 2014
City	State	Zip Code		3.00
Wichita	KS	67206		action ID : 9f1cc6a0-a196-4b29-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 18 2014
Name of Federal Candidate		Support	Office Sought	t: House District:00
Mr. Greg Orman		X Oppose	Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee Kathryn M Wolfe				of Public Distribution/Dissemination
Mailing Address 204 W 9th St			Amou	nt
City	State	Zip Code		24.50
Pittsburg	KS	66762	Transa Date of	ction ID : 97ba831a-9307-40b7-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		Oppose	Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				27.50
(b) SUBTOTAL of Uniternized Independent Expenditure	es		. —	
(,, :: : : : : : : : : : : : : : : : : :				7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10	19 / 2014
Signature				

Schedule E)	INT EXI EN	TI OTILO	PAGE 57 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination
Mailing Address 204 W 9th St			10 18 2014 Amount
City	State	Zin Codo	3.00
Pittsburg	KS	Zip Code 66762	Transaction ID: ec3a8e54-2f92-4157-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	15017.60	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			10 18 2014 Amount
City	State	Zip Code	20.00
Lafayette	LA	70503	Transaction ID : 175f15b7-3a3f-4962-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	195563.12	Disbursement For:  Primary  General  General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		23.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 19 2014
Signature			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	10 18 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1.29
Lafayette LA 70503	Transaction ID : 9d221d6d-829f-475c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 1 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Dist 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Hope Benner	10 18 2014
Mailing Address 2073 A Clover Ave	Amount
City State Zip Code	80.00
Springdale AR 72764	Transaction ID : 1f2df4df-4395-4ba4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	81.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE

58

OF

Schedu	le E)		101120		PAGE 59 OF 113 FOR SE OF FORM 24/48
	COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
	ame of Payee De Benner			M	Public Distribution/Dissemination
Mailin	g Address 2073 A Clover Ave			Amount	18 2014
City		State	Zip Code		12.45
Sprin	gdale	AR	72764		ction ID: e5492f29-3d94-4d11-9 Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002	М	M / D D / Y Y Y Y Y 1 Y 1 1 1 1 1 1 1 1 1 1 1 1
Name	of Federal Candidate		Support	Office Sought:	House District:00
Mr. N	lark L Pryor		X Oppose	Presider	senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 1	179159.55	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
	lame of Payee Slie A Benner			M	f Public Distribution/Dissemination
Mailin	g Address 2081 Knob Hill Rd			Amoun	لىنىا لنا ك
City		State	Zip Code		85.00
Azle		TX	76020	Transac Date of	tion ID : 74ad832a-3bba-4c12-9 f Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001		0 18 2014
	e of Federal Candidate		Support	Office Sought:	House District: 00
Mr. M	fark L Pryor		Oppose	Presider	nt Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
(a) SU	BTOTAL of Itemized Independent Expenditure	98		· [	97.45
(b) SU	BTOTAL of Unitemized Independent Expendit	tures			7
(c) TO	TAL Independent Expenditures			· [	7 7 7
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candida ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 10	19 / 2014
Sigr	nature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
	Date of Public Distribution/Dissemination
Ceslie A Benner	10 18 2014
Mailing Address 2081 Knob Hill Rd	Amount
City State Zip Code	18.00
Azle TX 76020	Transaction ID : b367bcc2-ff6c-4115-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark I. Pryor	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee	
Melissa D Turner	Date of Public Distribution/Dissemination  10 18 2014
Mailing Address 9653 Nations Dr	Amount
City State Zip Code	60.00
	Transaction ID : 3cf9df8e-c917-4403-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	78.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y
Signature	

PAGE

60

OF

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee Katie A Barros	Date of Public Distribution/Dissemination
	10 18 2014
Mailing Address PO Box 398	Amount
City State	Zip Code 80.00
Neosho MO	64850 Transaction ID : ff9571c8-bf91-4c78-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Katie A Barros  Mailing Address PO Box 398	Date of Public Distribution/Dissemination  10 18 2014  Amount
City State	Zip Code 31.50
Neosho MO	64850 Transaction ID : c23f20b4-78cb-4eae-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 18 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	111.50
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert athorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 19 2014
Signature	

PAGE 61

OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Brenda K Billington	10 18 2014
	Mailing Address 437 Roberson Creek Rd	Amount
	City State Zip Code	20.00
	Pittsboro NC 27312	Transaction ID : eb479109-c4ef-4ee0-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 18 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbt 2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify) -
	Full Name of Payee  Brenda K Billington	Date of Public Distribution/Dissemination
	Mailing Address 437 Roberson Creek Rd	10 18 2014
		Amount
	City State Zip Code	3.30
	Pittsboro NC 27312	Transaction ID: 1dab1463-b339-4bd6-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 18 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	23.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 19 2014
	Signature	2017

PAGE 62

OF

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D D / Y Y Y Y Y
Full Name of Payee	Date of	of Public Distribution/Dissemination
Rhonda Moback	M	10 18 2014
Mailing Address 2704 E Glen Oaks Dr	Amou	nt
City State Zip Cod	e	20.00
Wichita KS 67216	Trans Date of	action ID: 14f66c10-2f6e-4cd3-b of Disbursement or Obligation
Purpose of Expenditure Salary Category Ty		10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District: 00
Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Rhonda Moback  Mailing Address 2704 E Glen Oaks Dr	Date of Management of Manageme	10 18 2014
City State Zip Cod	e	7.20
Wichita KS 67216	Transa	oction ID : fed27e5b-5516-4d90-b of Disbursement or Obligation
Purpose of Expenditure Mileage  Category Ty		10 18 2014
Name of Federal Candidate	Support Office Sough	it: House District: 00
Mr. Greg Orman	Oppose Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7.60 Disbursemen 2014	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	······	27.20
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	······································	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committ party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	d] Date 10	19 2014
Signature		

PAGE 63

OF

Schedule E)		PAGE 64 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on Mam / Dab / Yayayay
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination
Mailing Address Box #11543 915 E Market Ave		10 18 2014 Amount
City State	Zip Code	50.00
Searcy AR	72149	Transaction ID : f07bd7ad-5da8-4722-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Dis	sbursement For:  Primary
Full Name of Payee Rachel H Young  Mailing Address Box #11543 915 E Market Ave		Date of Public Distribution/Dissemination  10 18 2014  Amount
City State	Zip Code	52.53
Searcy AR	72149	Transaction ID : 17c0ec8c-077c-4bc7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	102.53
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Billy Martin	10 18 2014
Mailing Address 250 JS Brewton rd	Amount
City State Zip Code	50.00
goldonna LA 71031	Transaction ID: 0224eb62-4c52-4ef6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Odichadi ical lo Dalc	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Billy Martin	10 18 2014
Mailing Address 250 JS Brewton rd	Amount
City State Zip Code	3.60
goldonna LA 71031	Transaction ID : 452bde80-e9cf-4a0e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	53.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE

65

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Anselma A Trinidad	10 18 2014
Mailing Address 7915 Curtina Ln	Amount
City State Zip Code	80.00
Lewisville NC 27023	Transaction ID: 67f43fd3-8cf6-4560-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Kevin L Battle	10 18 2014
Mailing Address 3300 Asher Ave	Amount
City State Zip Code	80.00
Little Rock AR 72204	Transaction ID : beac9ade-fa94-476e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 1	0 19 2014
Signature	

PAGE

66

OF

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee  Kevin L Battle	Da	te of Public Distribution/Dissemination
		10 18 2014
Mailing Address 3300 Asher Ave	An	nount
City St	ate Zip Code	37.50
		ansaction ID: e3a9580d-0264-45b5-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	sident State: AR
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	nent For: Primary X General  Other (specify) ▶
Full Name of Payee Mattie Harris	Da	ate of Public Distribution/Dissemination
		10 18 2014
Mailing Address 3654 Tara St	Ar	nount
City	ate Zip Code	80.00
g		nsaction ID: 5717e64e-768a-4f91-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	117.50
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7 7
(c) TOTAL Independent Expenditures	· [	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

PAGE 67

OF

Scł	hedule E)	JII GIILO		PAGE 68 OF 113 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
VV	omen Speak Out PAC		C	C00530766
Che	ock if 24-hour report X 48-hour report New re	eport Amends report	ort filed on	D   D / Y   Y   Y   Y
T	Full Name of Payee Erissia Anderson		Date of Public	Distribution/Dissemination
	Mailing Address 11005 Oak Forest Pkwy Dr Apt F		10 Amount	18 2014
-	City. State	7:n Codo		50.00
	City State Saint Louis MO	Zip Code 63146		50.00 <b>D : db6201a7-0782-4be7-9</b> rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 Jan 10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	179159.55	Disbursement For: 2014 Other (sp.	Primary ☐ General ecify) ►
	Full Name of Payee Lilly Green		M = M /	Distribution/Dissemination
-	Mailing Address 205 Medallion Circle		Amount	18 2014
ŀ	City State	Zip Code		80.00
	Shreveport LA	71119	Transaction ID  Date of Disbu	D: 22ccca02-8ba4-4623-b ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	18 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	195563.12	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	130.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures		. >	
(0	c) TOTAL Independent Expenditures		<b>•</b>	
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		conically Filed] Date	10 / 19	2014
	Signature			

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Lilly Green		10 18 2014
Mailing Address 205 Medallion Circle	A	mount
City	ate Zip Code	47.10
Shreveport L		ransaction ID: 3471d411-e0f3-4d2b-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disburse 2014	ment For:
Full Name of Payee Elizabeth H Newlun  Mailing Address 19762 Waldon Rd		ate of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	ate Zip Code	60.00
Rogers		ansaction ID: 9efde0c8-a1bc-4e63-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose Pri	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disburse 2014	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	107.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

PAGE 69

OF

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	Date of Public Distribution/Dissemination
Elizabeth H Newlun		10 18 2014
Mailing Address 19762 Waldon Rd	A	Amount
City State	Zip Code	6.90
Rogers AR		Transaction ID: 79c34126-bab4-49c1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Mark L Pryor	Oppose Pr	resident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disburse 2014	ement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Adam K Plunkett  Mailing Address 9760 N Pomona Ave		Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	80.00
Kansas Cuty MO		ransaction ID : a206debe-592d-4d56-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	Oppose Pr	resident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	15017.60 Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	86.90
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	1 1 7 1 1 7 1 1 5 1
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	tronically Filed] Date 10	19 2014
Signature		

PAGE

70

OF

Schedule E)	LIVI EXI EIV	DITORILO	PAGE 71 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Adam K Plunkett			10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9760 N Pomona Ave			Amount
City	State	Zip Code	66.54
Kansas Cuty	МО	64153	Transaction ID: ff3f2cc3-53a6-4e94-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			10 18 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	100.00
Eden	NC	27288	Transaction ID: 1217e77f-f5a2-4798-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		166.54
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	conically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>U</b>			

Sched	ule E)				PAGE 72 OF 113 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee a Booth				of Public Distribution/Dissemination
Mailii	ng Address 1434 South Avenue			Amou	10 18 2014 nt
City		State	Zip Code		21.00
Ede	n	NC	27288		action ID: 7be1688a-80cb-4d4d-a of Disbursement or Obligation
Purpo Mile	ose of Expenditure age		Category/ Type 002	M	10 18 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	10	017895.80	Disbursemen 2014 O	t For:
	Name of Payee e R Carter	_			of Public Distribution/Dissemination
Maili	ng Address 3110 Brentwood Rd				10 18 2014
Iviaiii	ng Address 3110 Brentwood Rd			Amou	nt
City		State	Zip Code		50.00
Rale		NC	27604	Transa Date	ction ID: 36d9292d-9a36-4ce8-9 f Disbursement or Obligation
Sala	ose of Expenditure ary		Category/ Type 001		10 18 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1017895.80	Disbursemen 2014	t For: Primary
(-) O	UPTOTAL of the wined by deeped at Ferrod's				7100
(a) St	JBTOTAL of Itemized Independent Expenditur	res		· •	71.00
(b) SI	UBTOTAL of Unitemized Independent Expend	itures		· •	
(c) T(	OTAL Independent Expenditures			· [	7 1 7 1 4
with, c	penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m m /	19 / 2014
Sig	nature				

Schedule E)		ti Eitibi					PAGE 73 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)						FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PA	<b>(C</b>					С	C00530766
Check if 24-hour report	48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
Full Name of Payee					Da	te of Publi	ic Distribution/Dissemination
Lee R Carter						10	18 2014
Mailing Address 3110 Brentw	ood Rd				An	nount	
City	State	<del></del>	Zip Code				15.00
Raleigh	NC	:	27604				ID : f23f82a9-744a-4426-b ursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002		10	18 2014
Name of Federal Candidate			S	Support	Office Soi	ught:	House District: 00
Ms. Kay Hagan				Oppose	Pre	sident	Senate State: NC
Calendar Year-To-Date Per Election for Office S	Sought	10	017895.80		Disbursen 2014	nent For: Other (sp	Primary
Full Name of Payee					Da	ate of Publi	ic Distribution/Dissemination
Gregory Green						M = M 10	/ D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 2506 Bold	:h Street					لنبا	10 2011
					An	nount	
City	State	е	Zip Code				80.00
Shreveport	LA		71104		<b>Tra</b>	nsaction II	D: d6e4829d-bcf0-4f06-a ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001		10	18 / 2014
Name of Federal Candidate				Support	Office So	ught:	House District:00
Ms. Mary L Landrieu			X	Oppose	Pre	sident	Senate State: LA
Calendar Year-To-Date Per Election for Office S	Sought		195563.12	2	Disburser 2014	ment For: Other (s	Primary X General
(a) SUBTOTAL of Itemized In	dependent Evnenditures						95.00
(a) SUBTUIAL OF ROUBLEGG III	иерепиетт Ехрепинитоз	•••••				7	35.00
(b) SUBTOTAL of Unitemized	Independent Expenditures		•••••		. •		
(c) TOTAL Independent Expen	nditures				•		
Under penalty of perjury I cer with, or at the request or sugg party committee) any political	gestion of, any candidate or a	authorized					
Ms. Emily Buchana	un	[Electron	ically Filed]	Date	M M M M 10	/ 19	/ Y Y Y Y Y 2014
Signature			_				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Di	ate of Public Distribution/Dissemination
Gregory Green		10 18 2014
Mailing Address 2506 Bolch Street	A	mount
City	tate Zip Code	37.20
G010psix		ransaction ID : 9fffb70e-f4a5-4315-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disburse 2014	ment For:
Full Name of Payee Hannah J Landry  Mailing Address 1110 N Coolidge		nate of Public Distribution/Dissemination  10 18 2014  mount
City S	tate Zip Code	40.00
1 '	LA 70737 <b>Tr</b> a	ansaction ID : 7d4c743c-8c21-4c7a-9 late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	77.20
(b) SUBTOTAL of Unitemized Independent Expenditures	S	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 10	19 2014
Oignaturo		

PAGE

OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC  C 000530766	ON NUMBER ▼
women Speak Out PAC	
C 200330700	
Check if 24-hour report X 48-hour report New report Amends report filed on	Y Y Y Y Y
Full Name of Payee Date of Public Distribution	/Dissemination
Hannah J Landry	2014
Mailing Address 1110 N Coolidge  Amount	
City State Zip Code	5.22
Gonzales LA 70737 Transaction ID : c1768c2 Date of Disbursement or	
Purpose of Expenditure Mileage  Category/ Type  002  M M M / D D / 10  18	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought  195563.12  Disbursement For: □ Primary 2014 □ Other (specify) ▶	y X General
Full Name of Payee Date of Public Distribution	n/Dissemination
Mary C Lee	2014
Mailing Address 1030 N Coolidge Ave Amount	
City State Zip Code	40.00
Gonzales LA 70737 Transaction ID : 4dcdd0fa Date of Disbursement or	
Purpose of Expenditure Salary  Category/ Type  001  10  18	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primar 2014 □ Other (specify) ▶ □	y X General
(a) SUBTOTAL of Itemized Independent Expenditures	45.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consulta with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 10 19 20	14 Y

Schedule E)	AT ENDITOTIES	PAGE 76 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report  Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Mary C Lee		10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave		Amount
City	te Zip Code	5.22
Gonzales L/	A 70737	Transaction ID : 3dad77c5-0da9-4729-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disb 2014	ursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Theresa a Youngblood		10 18 2014
Mailing Address 102 S Main Street Apt A2		Amount
City Sta	te Zip Code	100.00
Berryville V.	A 22611	Transaction ID : 43ec2284-6f86-4e71-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 18 / 2014
Name of Federal Candidate	Support Office	ee Sought: House District:00
Mr. Greg Orman	X Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	15017.60 Disb 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		105.22
	ŕ	7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures.	<b>•</b>	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either	
Ms. Emily Buchanan Signature	[Electronically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•		

Schedule E)	<b>L</b> /(. L.(_).			PAGE 77 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[	C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Nicholas O Wilcox			М	
Mailing Address 1981 Cherokee St			Amount	0 18 2014
City	State	Zip Code		25.00
Baton Rouge	LA	70806		ction ID : 21758e1c-202b-493c-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	95563.12	Disbursement 2014 Oth	For:
Full Name of Payee Nicholas O Wilcox			M	Public Distribution/Dissemination    Margin
Mailing Address 1981 Cherokee St			Amount	
City	State	Zip Code		1.38
Baton Rouge	LA	70806	Transac Date of	tion ID : 39b206ac-4720-42ef-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		195563.12	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· []	26.38
(b) SUBTOTAL of Unitermized Independent Expenditure	es		<b>•</b>	4
(c) TOTAL Independent Expenditures			· .	444
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		19 2014
Signature				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Michael Vidrine		10 18 2014
Mailing Address 1103 West Wilson Street	А	mount
City	State Zip Code	55.00
Ville Platte		ransaction ID : 77f3f2bb-d93c-4d3c-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pro	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disburse 2014	ement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Vidrine		10 18 2014
Mailing Address 1103 West Wilson Street	А	mount
City	State Zip Code	22.50
Ville Platte		ansaction ID : 41a9ba2c-e739-437d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M 10 / 18 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	195563.12 Disburse 2014	ement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		77.50
(b) SUBTOTAL of Unitemized Independent Expenditure	s	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 / 2014
Signature		

PAGE

78

OF

Schedule E)	PAGE 79 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Kelly Dolan	10 18 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	70.00
Bellaire NC 77401	Transaction ID : 6e32020f-fe9e-4cfb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary
Full Name of Payee Kelly Dolan	Date of Public Distribution/Dissemination
·	10 18 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	5.10
Bellaire NC 77401	Transaction ID : 9a75b9d2-69dc-4804-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 10 18 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date Per Election for Office Sought 195563.12	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	············ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ag party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 19 2014
Signature	

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Raynette M Domingo	10 18 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 94-468 Hamu St	Amount
City State	Zip Code 10.00
Waipahu HI	96797 Transaction ID: 552f78f8-e71c-48d9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee Shelbi L Randall  Mailing Address 202 East Park Ave Apt 40	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 85.00
Searcy AR	72143 Transaction ID : b9d95399-5925-4a4b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>)</b>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 10 19 2014
Signature	

PAGE 80

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Taylor N Randall	10 18 2014
	Mailing Address 2002 E Park Ave	Amount
L	Apt 40	
	City State Zip Code Searcy AR 72143	85.00  Transaction ID: 05a9fbe0-6b88-4a2c-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 18 2014
ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Taylor N Randall	Date of Public Distribution/Dissemination  10 18 2014
	Mailing Address 2002 E Park Ave Apt 40	Amount
ŀ	City State Zip Code	31.65
	Searcy AR 72143	Transaction ID: 0d0bfd32-28de-4b6d-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:
(	a) SUBTOTAL of Itemized Independent Expenditures	116.65
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	0 19 / 2014
	Oignaturo	

PAGE 81

OF

Schedule E)	.XI ENDITOR			PAGE 82 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Gabriela P Sosa			Date of Pu	blic Distribution/Dissemination
Mailing Address 2530 Brook Stone Dr			10 Amount	18 2014
Cir. Str.	7in C			90.00
City Sta	ate Zip Co IC 27012			80.00 In ID: f68cef17-c84f-4df6-b sbursement or Obligation
Purpose of Expenditure Salary	Cate	gory/ Type 001	10 Bate of Bit	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	I	Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1017895.	80	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Gabriela P Sosa			Date of Pu	ablic Distribution/Dissemination
Mailing Address 2530 Brook Stone Dr			Amount	
City	ate Zip Co	ode		17.70
	NC 2701	2		n ID: 1789a08c-111f-4c6f-a sbursement or Obligation
Purpose of Expenditure Mileage	Cate	gory/ Type 002	10 <sup>M</sup>	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1017	895.80	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	97.70
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized comm			
Ms. Emily Buchanan	[Electronically F	iled] Date	10 19	9 2014
Signature				

Sch	nedule E)	L/XI LITE.	101120				PAGE 83 OF 113 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
TF	Full Name of Payee Joshua D Syrotchen					M = M	c Distribution/Dissemination
N	Mailing Address 915 East Market Ave				Amo	10 unt	18 2014
	City S	State	Zip Code				110.00
- 1		AR	72149				ID: 9ee59aea-4edc-4f69-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 10	18 2014
	Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District:00
	Mr. Mark L Pryor			Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	79159.55		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee  Joshua D Syrotchen  Mailing Address 915 East Market Ave				Date	M 10	c Distribution/Dissemination
	City	State	Zip Code				110.40
	Searcy	AR	72149				D: 393eca84-a442-4078-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	]   [	M 10	18 2014
Ī	Name of Federal Candidate			Support	Office Soug	jht:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presid	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		179159.55	5	Disburseme 2014	ent For: Other (sp	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	-	220.40
(b	o) SUBTOTAL of Unitemized Independent Expenditures	:S			•		
(с	e) TOTAL Independent Expenditures	<u> </u>			· [		1141141
wi	nder penalty of perjury I certify that the independent of ith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	19	2014
	Signature						

Schedule E)	TI EXI END	ITOTILO		PAGE 84 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Courtney Goldstein			М = М	blic Distribution/Dissemination
Mailing Address 1809 N Woodlawn			10 Amount	18 2014
City	State	Zip Code		35.00
Metairie	LA	70001		on ID: 72a072a5-d953-418f-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	195563.12	Disbursement For 2014 Other	: Primary X General
Full Name of Payee	_		Date of Pu	ıblic Distribution/Dissemination
Courtney Goldstein			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn			Amount	
City	State	Zip Code		6.60
Metairie	LA	70001		n ID : 6dd1d244-503c-40be-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 <sup>M</sup>	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	195563.12	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	41.60
(b) SUBTOTAL of Unitemized Independent Expend	itures		·	
				7 1 7 1 7 1
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 19	
Olgitature				

Schedule E	)	TI EXI END			PAGE 85 OF 113 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 2	4-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name <b>Jeffrey</b>	of Payee Hampton				of Public Distribution/Dissemination
Mailing Add	dress 1700 E Part Ave			Amou	10 18 2014 nt
City		State	Zip Code		33.00
Searcy		AR	72149		action ID : e5604e43-e25e-49f9-9 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sough	it: House District:00
Mr. Mark L	Pryor		X Oppose	Preside	
	dar Year-To-Date ection for Office Sought	, , ,	79159.55	Disbursemen 2014 C	ther (specify) ▶
Full Name Jeffrey Mailing Ad	Hampton				of Public Distribution/Dissemination
				741100	
City Searcy		State AR	Zip Code 72149	<b>Transa</b> Date	32.25 action ID : 9c4af0ce-5e1a-43a2-8 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		10 18 2014
Name of F	ederal Candidate		Support	Office Sough	nt: House District:00
Mr. Mark L	Pryor		X Oppose	Presid	ent Senate State: AR
	dar Year-To-Date lection for Office Sought	7	179159.55	Disbursemer 2014 C	nt For: Primary X General Other (specify) ▶
(a) SUBTO	FAL of Itemized Independent Expenditu	res		. •	65.25
(b) SUBTO	TAL of Unitemized Independent Expendent	ditures		. •	7 7 7
(c) TOTAL	Independent Expenditures				7 1 7 1 7
with, or at the	ty of perjury I certify that the independence request or suggestion of, any candicutee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10 /	19 2014
Signature					

Schedule E)	PAGE 86 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Kinsey E Beck	e of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct	10 18 2014 ount
City State Zip Code	45.00
Harvest AL 35749 Tran	nsaction ID : 763d7953-af03-4b3f-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 18 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Mark L Pryor Oppose President	A.D.
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
Full Name of Payee Kinsey E Beck	e of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct Amo	10 18 2014 ount
City State Zip Code	15.60
Harvest AL 35749 Trans	saction ID: 07522f63-b2a0-4192-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date    To be the property of the p	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	1151151125	PAGE 87 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report fi	iled on Man / Dab / Yayayay
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination
Mailing Address 106 Wyncrest Ct		10 18 2014 Amount
City State	Zip Code	75.00
Hendersonville TN	37075	Transaction ID: 823a79e6-ff1b-479a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General  114 Other (specify) ▶
Full Name of Payee Heather N Montgomery  Mailing Address 106 Wyncrest Ct		Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
City State Hendersonville TN	Zip Code 37075	Transaction ID : eac5d960-d84d-49ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	Noppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	118.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	10 19 2014
Signature		

Schedule	e E)	. <b>.</b>			PAGE 88 OF 113 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	me of Payee Irt T Haley				f Public Distribution/Dissemination
Mailing	Address 600 W Vine Ave				10 18 2014
0.1.		20.11	0 I		05.00
City Searcy	,	State AR	Zip Code 72143		85.00 Iction ID: 84f10344-a559-4ca2-9 f Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001	M	10 18 2014
Name o	of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Ma	rk L Pryor		X Oppose	Preside	nt Senate State: AR
	alendar Year-To-Date er Election for Office Sought	1	179159.55	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
	me of Payee rt T Haley			M	f Public Distribution/Dissemination
Mailing	Address 600 W Vine Ave			Amour	
City		State	Zip Code		69.00
Searcy		AR	72143	Transac Date o	ction ID: 4573c2c3-6d82-4d35-9 f Disbursement or Obligation
Mileag	e of Expenditure e		Category/ Type 002		10 18 7 2014
	of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Ma	ırk L Pryor		Oppose	Preside	nt Senate State: AR
	alendar Year-To-Date er Election for Office Sought		179159.55	Disbursement 2014 Ot	For: Primary
(a) SUB	TOTAL of Itemized Independent Expenditure	s		•	154.00
(b) SUB	TOTAL of Unitemized Independent Expendite	Jres			- 40   40   40
(c) TOTA	AL Independent Expenditures			•	
with, or a	enalty of perjury I certify that the independe at the request or suggestion of, any candidat mmittee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ture				

Schedule E)		PAGE 89 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report f	iled on
Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle		10
City State	Zip Code	130.00
Searcy AR	72143	Transaction ID : 628a6129-6c58-4e42-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee Eric Resinos		Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd		10 18 2014
		Amount
City State	Zip Code	70.00
Alma AR  Purpose of Expenditure	72921	Transaction ID: be313bbd-d3c9-4069-a Date of Disbursement or Obligation
Salary	Category/ Type 001	10 / 18 / 2014
Name of Federal Candidate	Support O	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
(a) CURTOTAL of Itamized Independent Everenditures		200.00
(a) SUBTOTAL of Itemized Independent Expenditures	••••••	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro.	nically Filed] Date	10 19 2014
Signature		

Schedule E)	PET ENDERT EXI END			PAGE 90 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-h	nour report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Bubl	ic Distribution/Dissemination
Eric Resinos			Date of Publ	/ D = D / Y = Y = Y = Y = Y = 18 2014
Mailing Address 1430 Sunnyside Ro	I		Amount	
City	State	Zip Code		55.80
Alma	AR	72921		ID: 5ec92d9f-dadb-4be9-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	79159.55	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Miranda A Resinos			M = M	/ D D / Y Y Y Y
Mailing Address 1430 Supposide	<b>D</b> .1		10	18 2014
Mailing Address 1430 Sunnyside	Ra		Amount	
City	State	Zip Code		80.00
Alma	AR	72921	Transaction I Date of Disb	D: 957d0317-520b-4846-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
<del>_</del>				
(a) SUBTOTAL of Itemized Independent	lent Expenditures		•	135.80
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		•	
(c) TOTAL Independent Expenditures	\$		<b>&gt;</b>	7
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	e 10 19	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 91 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd			10 18 2014  Amount
City Alma	State AR	Zip Code 72921	79.80 Transaction ID : 32e7c3c8-d423-4920-9
	AIX	12321	Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Corban L Barnett			10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1001 N Prospect			Amount
City	State	Zip Code	127.50
Liberal	KS	67901	Transaction ID : 6cab60aa-4937-47f0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	15017.60	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		207.30
, , , , , , , , , , , , , , , , , , , ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· -
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5-g			

Schedule E)	INT EXI ENL	ON ONES	PAGE 92 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Corban L Barnett			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1001 N Prospect			Amount
City	State	Zip Code	6.00
Liberal	KS	67901	Transaction ID : b3390dd3-c78d-4ccb-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		15017.60	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adena V Smith			10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 450 Judson Dr			Amount
City	State	Zip Code	25.00
Wake Forest	NC	27587	Transaction ID : a5e9c26e-3fe6-4d7b-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 18 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		31.00
(a) COLICE OF NOTIFICAL Macoportuonic Experior			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	rt Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Benjamin Hernandez		10 18 2014
Mailing Address 915 E Market Ave		Amount
City State 2	Zip Code	75.00
	72149	Transaction ID: 9025a305-327b-4a74-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	79159.55 Disbut 2014	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee Benjamin Hernandez  Mailing Address 915 E Market Ave		Date of Public Distribution/Dissemination  10 18 2014  Amount
City State	Zip Code	45.00
	•	Transaction ID : 3b652508-8208-46d7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	ally Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE

93

OF

Schedule E)	PAGE 94 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nds report filed on
Full Name of Payee Lindsey N Rose	Date of Public Distribution/Dissemination
Mailing Address 615 Live Oak Dr	10 18 2014  Amount
City State Zip Code	60.00
searcy AR 72143	Transaction ID : c7a442cf-6cf3-4bce-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District: 00
Ma Maril I Davis	ppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 179159.55	Disbursement For:  Primary  General  Other (specify) ►
Full Name of Payee Kaitlyn B Allen	Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr	10 18 2014 Amount
City State Zip Code	130.00
Searcy AR 72143	Transaction ID : 1e3a7849-2073-492c-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate	upport Office Sought: House District: 00
I	ppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed]  Signature	Date 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C00530766
Check if 24-hour report X 48-hour report New report Ar	nends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Kaitlyn B Allen	M 10	
Mailing Address 2121 Daniel Dr	Amount	
City State Zip Code		65.70
Searcy AR 72143		tion ID : 790f2d77-4301-4551-9 Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type		
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 179159.55	Disbursement F 2014 Othe	or: Primary X General
Full Name of Payee Ashley n Thompson	Date of	Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6	Amount	
City State Zip Code		50.00
Lexington NC 27295		on ID: 7904e73e-cfb4-4310-9 Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type		
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Kay Hagan	Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1017895.8	Disbursement F 2014 Other	or: Primary X General  or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	115.70
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	·······	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10	19 2014
Signature		

PAGE

95

OF

Schedule E)	EXI EIVE	101120		PAGE 96 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Ashley n Thompson				of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6			Amou	10 18 2014 nt
City S	State	Zip Code		9.00
	NC	27295		action ID : 536f7ebc-5451-438d-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	17895.80	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Randy G Lookabill			N	10 18 2014
Mailing Address 200 Carawood Lane			Amou	
City	State	Zip Code		80.00
'	NC	27295		action ID : 9d1e8565-6f0e-499b-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursemen 2014 C	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	89.00
(b) SUBTOTAL of Unitemized Independent Expenditure	ne.		. —	
(b) CODITION OF CHIRCHIES INDEPENDENT EXPENDITURE			" <b>-</b>	75 75 75
(c) TOTAL Independent Expenditures			. •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 10	19 / 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Randy G Lookabill	10 18 2014
Mailing Address 200 Carawood Lane	Amount
City State Zip Code	18.00
Lexington NC 27295	Transaction ID : d5044b75-c867-4301-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	10 18 7 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary X General  Other (specify) ▶
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
	10 18 2014
Mailing Address 6101 NORA ST	Amount
City State Zip Code	70.00
METAIRIE LA 70003	Transaction ID : 9ca3b80e-0121-4ce2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For: Primary X General  4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE

97

OF

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Danielle McCoy		10 18 2014
Mailing Address 1025 Cayley Ct	A	mount
City	ate Zip Code	105.00
High Point	NC 27260 T	ransaction ID: 094bf9ff-53c5-4a9a-a late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1017895.80 Disburse 2014	ement For: Primary
Full Name of Payee Danielle McCoy  Mailing Address 1025 Cayley Ct		Date of Public Distribution/Dissemination  10 18 2014  Amount
City	tate Zip Code	23.70
1 '	NC 27260 <b>Tr</b>	ansaction ID: 408d6a1c-7fc4-4465-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	1017895.80 Disburse 2014	ement For: Primary X General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	· · ·	128.70
(b) SUBTOTAL of Unitemized Independent Expenditures	·	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

PAGE

98

OF

ScI	hedule E)	71101120	PAGE 99 OF 113 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	,	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC		C C00530766
 Che	ck if 24-hour report X 48-hour report New re	eport Amends repor	t filed on
T	Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination
-	Mailing Address 1001 N Prospect		10
-	City State	Zip Code	107.50
	Liberal KS	67901	Transaction ID : c2648ada-351e-4f94-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t	Name of Federal Candidate	Support	Office Sought: House District:00
	Mr. Greg Orman	X Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	15017.60	Disbursement For:  Primary
	Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination
-	Mailing Address 1001 N Prospect		10 18 2014 Amount
-	City State	Zip Code	12.33
	Liberal KS	67901	Transaction ID: 7887a8ef-1db4-435f-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10 18 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Greg Orman	X Oppose	President X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	15017.60	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		119.83
(1	b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(0	c) TOTAL Independent Expenditures		<b>&gt;</b>
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.		
		onically Filed] Date	10 19 2014
	Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Colton R Overcash	10 18 2014
Mailing Address 121 Ohara Dr	Amount
City State Zip Code	70.00
Salisbury NC 28147	Transaction ID: 8fffd29d-dc64-45a0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 10 / 18 / Y 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Diagram 1017895.80	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Colton R Overcash	10 18 2014
Mailing Address 121 Ohara Dr	Amount
City State Zip Code	95.70
Salisbury NC 28147	Transaction ID: b9089b66-2a9f-4545-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	sbursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	165.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014
Signature	

PAGE 100

OF

<b>,</b>				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Krystal A Wilson				10 18 2014
Mailing Address 448 Judson Dr			Amou	nt
City	State	Zip Code	— r	25.00
Wake Forest	NC	27587		action ID : a2cebd84-5db3-4bec-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District:00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	10	17895.80	Disbursemer 2014	nt For:
Full Name of Payee Krystal A Wilson  Mailing Address 448 Judson Dr				of Public Distribution/Dissemination
City	State	Zip Code		2.10
Wake Forest	NC	27587		action ID : 7fb8a8aa-2952-40da-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1017895.80	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent E	xpenditures			27.10
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures			•	7 7 7 7 7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	10	19 2014
Signature				

PAGE 101

OF

Schedule E)				PAGE 102 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y T Y T Y
Full Name of Payee Maurice A Wilson			M	Public Distribution/Dissemination
Mailing Address 448 Judson Dr			Amount	10 18 2014 t
City	State	Zip Code		25.00
Wake Forest	NC	27587		ction ID: b90af187-f13e-425f-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	NC NC
Calendar Year-To-Date Per Election for Office Sought	10	017895.80	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Ronald E Brown			M	f Public Distribution/Dissemination
Mailing Address 1211 Treaty Rd			Amoun	!
City	State	Zip Code		60.00
Delphos  Purpose of Expanditure	KS	67436	Transac Date of	tion ID: 1f458db5-5ee1-41c8-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	15017.60	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	ş		<b>•</b> [.	85.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	42 1 42 1 43
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	10	19 2014
Signature				

Sc	chedule E)	<b>L</b> /(1 <b>L</b> /(2 ·	110.120		PAGE 103 OF 113 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷v	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Ronald E Brown				of Public Distribution/Dissemination
	Mailing Address 1211 Treaty Rd			Amou	10 18 2014 nt
ŀ	City	State	Zip Code		19.50
	Delphos	KS	67436		action ID : bc434430-edab-42f3-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 18 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Mr. Greg Orman		X Oppose	Preside	ent Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, , ,	15017.60	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
	Full Name of Payee Phillip Williams				of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd			Amou	nt
ľ	City	State	Zip Code		80.00
	Greensboro	NC	27407	Transa Date	ction ID : 0fce45bc-2705-4300-b f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 18 / 2014
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1017895.80	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	S		· •	99.50
(	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(	(c) TOTAL Independent Expenditures			· [	
٧	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	10	19 2014
	Signature				

Schedule E)	TO MOLI LINDLIN	T EXI END			PAGE 104 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (I	,				FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	II PAC				C C00530766
Check if 24-hour repo	rt X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Phillip Williams				Date	e of Public Distribution/Dissemination
'					10 18 2014
Mailing Address 3007	Darden Rd			Amo	punt
City		State	Zip Code		10.80
Greensboro		NC	27407		nsaction ID : 54cc2a50-a4d0-444a-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage	е		Category/ Type 002		10 18 / 2014
Name of Federal Cand	lidate		Support	Office Sou	ght: House District: 00
Ms. Kay Hagan			X Oppose	Pres	dent State: NC
Calendar Year-To- Per Election for C		10	17895.80	Disburseme 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payee Beverly Williams				Date	e of Public Distribution/Dissemination
	•				10 18 2014
Mailing Address 300	7 Darden Rd			Ame	punt
City		State	Zip Code		80.00
Greensboro		NC	27407	<b>Tran</b> Date	saction ID : bfa2f361-ad8f-4efb-8 e of Disbursement or Obligation
Purpose of Expenditure Salary	е		Category/ Type 001		10 18 / 2014
Name of Federal Cand	lidate		Support	Office Sou	ght: House District: 00
Ms. Kay Hagan			X Oppose	Pres	ident State: NC
Calendar Year-To- Per Election for C		, , ,	1017895.80	Disbursem 2014	ent For:
(a) SUBTOTAL of Itemi	zed Independent Expenditure	es			90.80
(b) SUBTOTAL of Unite	emized Independent Expendit	tures		·· •	4 4
(c) TOTAL Independent	Expenditures			•	7 7 7
with, or at the request of		ate or authorized			cooperation, consultation, or concert if the reporting entity is not a political
Ms. Emily B	uchanan	[Flortron	ically Filed] Date	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		<sub>[</sub> Etection:	Date Date	10	19 2014

Scl	hedule E)	L/M LITE.	10.125				PAGE 105 OF 113 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amend	ds repor	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee LaVonna A Brown					_ M /	: Distribution/Dissemination
	Mailing Address 1211 Treaty Rd				Amou	10 nt	18 2014
-	City S	State	Zip Code				60.00
			67436				D: 662c0a5f-baa6-4d7f-9 rsement or Obligation
	Purpose of Expenditure Salary	-	Category/ Type	001		10 /	18 / 2014
l	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
	Mr. Greg Orman		У Орро		Preside	_	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		15017.60	]	Disbursemen 2014 O	t For: ther (sp	Primary
	Full Name of Payee Patrice Wolfe					of Public	Distribution/Dissemination  18 2014
	Mailing Address 9909 Treasure Hill Rd				Amou	nt	
ľ	City	State	Zip Code			1 0	12.50
		AR	72205		Transa Date	ction ID of Disbu	: cdeb9523-bede-42f0-b rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	N	10	18 / Y Y Y Y Y Y 2014
Ī	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
	Mr. Mark L Pryor		<b>Х</b> Орр	ose	Preside	,	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		179159.55		Disbursemen 2014 O	t For: ther (sp	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures				<b>.</b>		72.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	!S			· [	7	
(	(c) TOTAL Independent Expenditures				· [	1-3-	
W	Under penalty of perjury I certify that the independent of vith, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 /	19	2014
	Signature						

Schedule E)	<b>L</b> /( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L/( <b>L</b></b></b></b></b></b></b></b>			PAGE 106 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Patrice Wolfe			M = M	olic Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			Amount	18 2014
City	State	Zip Code		6.60
Little Rock	AR	72205		n ID : cc595be2-d500-41ba-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement For: 2014 Other (	Primary X General specify) ▶
Full Name of Payee Parker H Morrow  Mailing Address 506 N Horton Street			Date of Pul	blic Distribution/Dissemination
- COO N HOREST CARCOL			Amount	
City Searcy	State AR	Zip Code 72143	Transaction	100.00 ID: 93f8ce77-484e-4e66-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	18 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		179159.55	Disbursement For: 2014 Other (	: ☐ Primary ☐ General
(a) SUBTOTAL of Itemized Independent Expenditures	<b>3</b>		. >	106.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· <b>•</b>	p. 1 - 4 - 1 - 4 - 1
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature				

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Parker H Morrow		10 18 2014
Mailing Address 506 N Horton Street	Ar	nount
City	State Zip Code	30.30
Searcy		ansaction ID : f2803ee6-29e6-425a-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 18 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	X Oppose Pre	esident State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disburser 2014	ment For:
Full Name of Payee Rebecca A Shearer  Mailing Address 6544 Arno College Grove Rd		ate of Public Distribution/Dissemination  M M M / 18 / 2014  mount
City	State Zip Code	100.00
College Grove		insaction ID: d95961ff-b78c-41e4-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 18 2014
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	179159.55 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	130.30
(b) SUBTOTAL of Uniternized Independent Expenditure	es	7 7 7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	19 2014
Signature		

PAGE 107

OF

Schedule E)	PAGE 108 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Rebecca A Shearer	e of Public Distribution/Dissemination
Mailing Address 6544 Arno College Grove Rd Amo	10 18 2014
	30.30 nsaction ID : 7d9076c2-1c96-4768-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Mark L Pryor  Mr. Dppose  President and the control of the con	A.D.
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For:  Primary
Full Name of Payee Date Shantal C Culbreath	e of Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane Amo	10 18 2014 ount
City State Zip Code	100.00
Woodbridge VA 22193 Trans Date	saction ID: 9c2409ed-e4f8-4266-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 18 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014 2014	ent For: Primary X General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	130.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	19 / 2014

ooneddic Ly	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if 24-hour report	M M / D D / Y Y Y Y Y				
Full Name of Payee	Date of Public Distribution/Dissemination				
Kaleigh J Wagner	10 18 2014				
Mailing Address 18065 Wayne Rd	Amount				
City State Zip Code	170.00				
Odessa FL 33556 T	ransaction ID: 0a2b2973-608f-4733-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014				
Name of Federal Candidate Support Office So	ought: House District: 00				
Mr. Mark L Pryor Oppose Pr	resident State: AR				
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General				
Full Name of Payee	Other (specify)				
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination  10 18 2014				
Mailing Address 1436 Haigs Creek Dr	10 18 2014 Amount				
City State Zip Code	170.00				
	ransaction ID: 8ef2e689-7f43-4850-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014				
Name of Federal Candidate Support Office S	Sought: House District: 00				
Mr. Mark L Pryor Oppose Pr	resident Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	340.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 10	19 2014				
Signature					

PAGE 109

OF

,	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report New report Amends report file	d on Mam / Dab / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Randy M Gold	10 18 2014			
Mailing Address 1436 Haigs Creek Dr	Amount			
City State Zip Code	125.61			
Elgin SC 29045	Transaction ID : dd0eb657-a286-4e17-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage  Category/ Type 002	10			
Name of Federal Candidate Support Office	ce Sought: House District: 00			
Mr. Mark L Pryor Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought  Dist 2014	oursement For: Primary			
Full Name of Payee				
Brenda L McCune	Date of Public Distribution/Dissemination  10 18 2014			
Mailing Address 1254 Fleming St Apt 6	Amount			
City State Zip Code	40.00			
Conway AR 72032	Transaction ID : cc44d9dc-aecd-473b-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary  Category/ Type  001	10 18 2014			
Name of Federal Candidate Support Office	ce Sought: House District: 00			
Mr. Mark L Pryor Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For:  Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	165.61			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date	10 19 2014			
Signature				

PAGE 110

OF

Schedule E)	PAGE 111 OF 113 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination			
Mailing Address 1254 Fleming St Apt 6	10 18 2014 Amount			
014	00.00			
City State Zip Code Conway AR 72032	28.20  Transaction ID : d3c1fed7-b8dc-4050-a  Date of Disbursement or Obligation			
Purpose of Expenditure Mileage  Category/ Type  002	10 18 2014			
Name of Federal Candidate Support Office	e Sought: House District: 00			
Mr. Mark L Pryor Oppose	President State: AR			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶			
Full Name of Payee Brandon Wheeler	Date of Public Distribution/Dissemination			
Mailing Address 10112 Piney Creek Ct	10 18 2014 Amount			
City State Zip Code	40.00			
Charolette NC 28215	Transaction ID: 758cec91-db2c-430c-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary  Category/ Type  001	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: House District: 00			
Mr. Mark L Pryor Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	68.20			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan  [Electronically Filed] Date  ☐ Signature	0 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Scł	hedule E)	EXI END	TOTILO				PAGE 112 OF 113 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼	
W	omen Speak Out PAC					С	C00530766	
Che	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	VI = M /	/ D = D / Y = Y = Y	
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination	
	Brandon Wheeler					10	18 2014	
	Mailing Address 10112 Piney Creek Ct				Amou	unt		
F	City	State	Zip Code		$ \Gamma$		19.50	
	Charolette	NC 28215				Transaction ID: 17ad3693-ddcf-420b-b Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type	002		M M 10	18 2014	
F	Name of Federal Candidate		s	Support	Office Soug	ht:	House District: 00	
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought	1	179159.55		Disbursement 2014	nt For: Other (sp	Primary ☐ General Decify) ▶	
	Full Name of Payee  John P Hilkert				Date	of Publi	c Distribution/Dissemination	
-						10	18 2014	
	Mailing Address 7 Bards Lane				Amo	unt		
-	City	State	Zip Code		-		80.00	
	Fletcher	NC	28732		Trans Date	action II	D: 3ad6b594-00ea-4c74-b ursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type	001		10 <sup>M</sup>	18 2014	
	Name of Federal Candidate			Support	Office Soug	ht:	House District:00	
	Ms. Kay Hagan		X	Oppose	Presid	dent	Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	, ,	1017895.80	)	Disburseme 2014		Primary X General	
(;	a) SUBTOTAL of Itemized Independent Expenditures	<b>.</b>					99.50	
`	<b>y</b>						7	
(I	b) SUBTOTAL of Unitemized Independent Expenditure	res			•	-		
(0	c) TOTAL Independent Expenditures				•			
W	Inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its at	e or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	19	/ Y Y Y Y Y 2014	
	Signature		_	Date		- 1		

Schedule E)		PAGE 113 OF 113 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee  John P Hilkert	Da	ate of Public Distribution/Dissemination
Mailing Address 7 Bards Lane	Ar	10 18 2014 mount
State 7in Co		19.20
City State Zip Co Fletcher NC 28732	2 Tr	18.30 ransaction ID : bb4ee4c1-355a-4b0f-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Cate		10 18 2014 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan		esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought , 1017895.		ment For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address	Ar	mount
City State Zip Co	ode	
	Da	ate of Disbursement or Obligation
Purpose of Expenditure Cate		M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Sc	ought: House District:
	Oppose Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disburse	ment For:
, , ,		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	18.30
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· [	10459.95
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	iled] Date 10	19 2014
Signature		